

# Termination of Certificate of Business: Fictitious Firm Name

Certificate File Number \_\_\_\_\_ Certificate filed on \_\_\_\_\_ 20\_\_\_\_

The undersigned do/does hereby terminate \_\_\_\_ terminate business name \_\_\_\_ terminate ownership under the  
fictitious firm name (Print or Type) \_\_\_\_\_  
(Fictitious Business Name)

located at \_\_\_\_\_, Nevada, the effective date of termination being \_\_\_\_\_.  
(City) (Date)

Terminate ownership of the following person(s) whose name(s) and address (es) are as follows:

(1) \_\_\_\_\_  
Full Name and title (Type or Print) Signature Date

\_\_\_\_\_  
Street Address City, State, Zip

\_\_\_\_\_  
Mailing Address, if different from above City, State, Zip

(2) \_\_\_\_\_  
Full Name and title (Type or Print) Signature Date

\_\_\_\_\_  
Street Address City, State, Zip

\_\_\_\_\_  
Mailing Address, if different from above City, State, Zip

(3) \_\_\_\_\_  
Full Name and title (Type or Print) Signature Date

\_\_\_\_\_  
Street Address City, State, Zip

\_\_\_\_\_  
Mailing Address, if different from above City, State, Zip

(4) \_\_\_\_\_  
Full Name and title (Type or Print) Signature Date

\_\_\_\_\_  
Street Address City, State, Zip

\_\_\_\_\_  
Mailing Address, if different from above City, State, Zip

(For additional names or signatures, please attach a separate sheet.)

Termination Certificate File Number \_\_\_\_\_

**Mail to: Diana Alba, County Clerk, Attn. FFN, P.O. Box 551604, Las Vegas NV 89155-1604**  
**Include: Filing Fee of \$15.00, original plus 2 copies and self-addressed stamped envelope**